

Exhibit A

FRONT

1 ORI # A L 0 5 8 0 5 0 0		2 Date of Report 2 19 2021		3 Time of Report 12 : 58		4 Incident Type <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Offense <input type="checkbox"/> Supplement		5 Supplement Date		6 Agency Case Number 2 1 W 0 1 5 8 0 1		7 Suffix	
8 Agency Name Odenville Police Department												9 Sector 1	
10 Type of Incident or Offense <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed Fraud-FUCC Fraudulent Use Credit/Debit Card						11 Degree N/A		12 UCR Code 2605		13 State Code/Local Ordinance 13A-9-14(b)			
14 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor/Attempted <input type="checkbox"/> Completed						15 Degree		16 UCR Code		17 State Code/Local Ordinance			
18 Place of Occurrence <input type="checkbox"/> Check here if event occurred at victim's residence [REDACTED]						Victim Demographics (Where victim is an individual)							
If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.						19 First Offender Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> N/A		20 Juvenile Gang <input type="checkbox"/> Adult Gang <input checked="" type="checkbox"/> None/Unknown		21 Multiple Victims <input type="checkbox"/> LE Officer <input type="checkbox"/>		22 Age [REDACTED]	
						23 Hate Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24 Bias Code		25 Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29 Point of Entry <input type="checkbox"/> Door <input type="checkbox"/> Roof <input type="checkbox"/> Window <input type="checkbox"/> Other		30 Method of Entry <input type="checkbox"/> Forcible <input type="checkbox"/> Attempted Forcible <input type="checkbox"/> No Force		31 Local Use		32 Lighting <input type="checkbox"/> 1 Natural <input type="checkbox"/> 2 Moon <input type="checkbox"/> 3 Artificial Exterior <input checked="" type="checkbox"/> 4 Artificial Interior <input type="checkbox"/> 5 Unknown		33 Weather <input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog <input type="checkbox"/> 5 Snow <input type="checkbox"/> 6 Hail <input type="checkbox"/> 7 Unknown		34 Location Type <input type="checkbox"/> 01 Terminal <input type="checkbox"/> 02 Bank <input type="checkbox"/> 03 Bar <input type="checkbox"/> 04 Church <input type="checkbox"/> 05 Commercial <input type="checkbox"/> 06 Construction <input type="checkbox"/> 07 Conv Store <input type="checkbox"/> 08 Dept Store <input type="checkbox"/> 09 Drug Store <input type="checkbox"/> 10 Field/Woods <input type="checkbox"/> 11 Govt/Public Building <input type="checkbox"/> 12 Supermarket <input type="checkbox"/> 13 Highway/Street <input type="checkbox"/> 14 Hotel/Motel <input type="checkbox"/> 15 Jail/Prison <input type="checkbox"/> 16 Lake/Waterway <input type="checkbox"/> 17 Liquor Store <input type="checkbox"/> 18 Parking Lot/Garage <input type="checkbox"/> 19 Storage Facility <input checked="" type="checkbox"/> 20 Residence/Home <input type="checkbox"/> 21 Restaurant <input type="checkbox"/> 22 School/College <input type="checkbox"/> 23 Service/Gas Station <input type="checkbox"/> 24 Specialty Store <input type="checkbox"/> 25 Other/Unknown			
35 Occurred from MM/DD/YY Dec 16 2019		36 Time of Event <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL 12 : 00		37 Day of Week <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		38 Occurred to MM/DD/YY		39 Time of Event <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL		40 Day of Week <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		41 # Premises Entered (Burglary) 0	
42 Type Criminal Activity <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivating/Manu <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transporting/Importing <input type="checkbox"/> Using/Consuming						43 Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial (Bank) <input type="checkbox"/> Government <input type="checkbox"/> Religious Org <input type="checkbox"/> Society							
44 Loss Code S		45 Property Code 09		46 Qty 1		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc. [REDACTED] Card ending in [REDACTED]		48 Dollar Value Stolen 0.00 Damaged		49 Recovered Date Value			
<div style="display: flex; justify-content: space-between;"> <div> Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized </div> <div> Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes 07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction 16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle 25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RV's 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community 34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other </div> </div>													
50 Stolen Vehicle Only		Area Stolen <input type="checkbox"/> Business <input type="checkbox"/> Rural		51 Ownership verified by: <input type="checkbox"/> Tag Receipt <input type="checkbox"/> Title <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Other		52 Veh. Categories <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Abandoned		53 Vehicle Year					
54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen		57 Vehicle Description		58 Vehicle Style					
59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color					
64 Vehicle VIN Number		65 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant Number		66 Stolen in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?							
67 Recovered in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		68 Case #		69 SFX		70 Case #		71 SFX		72 Case #		73 SFX	
74 Case Status <input checked="" type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Inactive <input type="checkbox"/> 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		77 Case Disposition <input type="checkbox"/> Cleared by Arrest (Juv) <input type="checkbox"/> Cleared by Arrest (Adult) <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Clearance <input type="checkbox"/> Administratively Cleared		78 Exceptional Clearance (Check One) <input type="checkbox"/> A Suspect/Offender Dead <input type="checkbox"/> B Prosecution Declined/Other Prosecution <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> D Victim Refused to Cooperate <input type="checkbox"/> E Juvenile (No Custody) <input type="checkbox"/> F Death of Victim		Officer Kelley 79 Reporting Officer Officer ID Number 433 Captain SLADE 80 Assisting Officer Officer ID Number 426 Chief Walton 81 Supervisor Approval Officer ID Number 425 82 Watch Commander Officer ID Number			
Date (MM/DD/YY)		NIC/AIN #:											

Printed on

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

2 | 19 | 2021

12 : 58

☐ AM
☒ PM
☐ MIL

80 Case #

2 | 1 | W | 0 | 1 | 5 | 8 | 0 | 1 | | |

81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

going on and was told that she needed to make a police report.

☒ Continued on Additional Supplement